

	<h1 style="text-align: center;">State of South Carolina</h1> <h2 style="text-align: center;">Amendment One</h2>	Solicitation Number	2-1058-09
		Date Printed	4/24/2009
		Date Issued	4/23/2009
		Procurement Officer	Bob Knudson
		Phone	(803) 898-9750
	E-Mail Address	procurement@ddsn.sc.gov	

DESCRIPTION: Furnish and supply medical equipment to SCDDSN Midlands Center located in Columbia, SC.

USING GOVERNMENTAL UNIT: The South Carolina Department of Disabilities and Special Needs

The Term "Offer" Means Your "Bid" or "Proposal".

SUBMIT OFFER BY (Opening Date/Time): 10:30 AM, May 5, 2009 See "Deadline For Submission Of Offer" provision

QUESTIONS MUST BE RECEIVED BY: 5:00 PM, April 22, 2009 See "Questions From Offerors" provision

NUMBER OF COPIES TO BE SUBMITTED: **One (1) original and One (1) copy (marked 'copy')**

Offers must be submitted in a sealed package. Solicitation Number & Opening Date must appear on package exterior.

SUBMIT YOUR SEALED OFFER TO EITHER OF THE FOLLOWING ADDRESSES:

MAILING ADDRESS:

SC Dept Of Disabilities & Special Needs
P.O. Box 4706
Columbia, S.C. 29240

PHYSICAL ADDRESS:

SC Dept of Disabilities & Special Needs
3440 Harden Street Suite 220
Columbia, S.C. 29203

See "Submitting Your Offer" provision

CONFERENCE TYPE: N/A DATE & TIME: N/A	LOCATION: N/A
As appropriate, see "Conferences - Pre-Bid/Proposal" & "Site Visit" provisions	

AWARD & AMENDMENTS	The award, this solicitation, and any amendments will be posted at the above listed physical address and at the web address: http://www.ddsn.sc.gov/aboutddsn/procurementopportunities.htm
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You must submit a signed copy of this form with Your Offer. By submitting a bid or proposal, You agree to be bound by the terms of the Solicitation. You agree to hold Your Offer open for a minimum of thirty (30) calendar days after the Opening Date.

NAME OF OFFEROR <small>(Full legal name of business submitting the offer)</small>		OFFEROR'S TYPE OF ENTITY: <small>(Check one)</small> <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation (tax-exempt) <input type="checkbox"/> Corporate entity (not tax-exempt) <input type="checkbox"/> Government entity (federal, state, or local) <input type="checkbox"/> Other _____ <small>(See "Signing Your Offer" provision.)</small>
AUTHORIZED SIGNATURE <small>(Person signing must be authorized to submit binding offer to enter contract on behalf of Offeror named above.)</small>		
TITLE <small>(Business title of person signing above)</small>		
PRINTED NAME <small>(Printed name of person signing above)</small>	DATE SIGNED	

Instructions regarding Offeror's name: Any award issued will be issued to, and the contract will be formed with, the entity identified as the offeror above. An offer may be submitted by only one legal entity. The entity named as the offeror must be a single and distinct legal entity. Do not use the name of a branch office or a division of a larger entity if the branch or division is not a separate legal entity, *i.e.*, a separate corporation, partnership, sole proprietorship, etc.

STATE OF INCORPORATION <small>(If offeror is a corporation, identify the state of Incorporation.)</small>	
TAXPAYER IDENTIFICATION NO. <small>(See "Taxpayer Identification Number" provision)</small>	STATE VENDOR NO. <small>(Register to Obtain S.C. Vendor No. at www.procurement.sc.gov)</small>

PAGE TWO
(Return Page Two with Your Offer)

HOME OFFICE ADDRESS (Address for offeror's home office / principal place of business)	NOTICE ADDRESS (Address to which all procurement and contract related notices should be sent.) (See "Notice" clause)								
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Area Code</td> <td style="width: 20%;">Number</td> <td style="width: 20%;">Extension</td> <td style="width: 45%;">Facsimile</td> </tr> <tr> <td colspan="4" style="padding: 5px;">E-mail Address</td> </tr> </table>	Area Code	Number	Extension	Facsimile	E-mail Address			
Area Code	Number	Extension	Facsimile						
E-mail Address									

PAYMENT ADDRESS (Address to which payments will be sent.) (See "Payment" clause)	ORDER ADDRESS (Address to which purchase orders will be sent) (See "Purchase Orders" and "Contract Documents" clauses)
<input type="checkbox"/> Payment Address same as Home Office Address <input type="checkbox"/> Payment Address same as Notice Address (check only one)	<input type="checkbox"/> Order Address same as Home Office Address <input type="checkbox"/> Order Address same as Notice Address (check only one)

ACKNOWLEDGMENT OF AMENDMENTS Offerors acknowledges receipt of amendments by indicating amendment number and its date of issue. See "Amendments to Solicitation" Provision	Amendment No.	Amendment Issue Date	Amendment No.	Amendment Issue Date	Amendment No.	Amendment Issue Date	Amendment No.	Amendment Issue Date

DISCOUNT FOR PROMPT PAYMENT See "Discount for Prompt Payment" clause	10 Calendar Days (%)	20 Calendar Days (%)	30 Calendar Days (%)	_____Calendar Days (%)
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PREFERENCES – SC RESIDENT VENDOR PREFERENCE (June 2005): Section 11-35-1524 provides a preference for offerors that qualify as a resident vendor. A resident vendor is an offeror that (a) is authorized to transact business within South Carolina, (b) maintains an office* in South Carolina, (c) either (1) maintains a minimum \$10,000.00 representative inventory at the time of the solicitation, or (2) is a manufacturer which is headquartered and has at least a ten million dollar payroll in South Carolina, and the product is made or processed from raw materials into a finished end-product by such manufacturer or an affiliate (as defined in section 1563 of the Internal Revenue Code) of such manufacturer, and (d) has paid all assessed taxes. If applicable, preference will be applied as required by law.	OFFERORS REQUESTING THIS PREFERENCE MUST INITIAL HERE. _____ *ADDRESS AND PHONE OF IN-STATE OFFICE <input type="checkbox"/> In-State Office Address same as Home Office Address <input type="checkbox"/> In-State Office Address same as Notice Address <div style="text-align: right;">(CHECK ONLY ONE)</div>
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PREFERENCES – SC/US END-PRODUCT (June 2005): Section 11-35-1524 provides a preference to vendors offering South Carolina end-products or US end-products, if those products are made, manufactured, or grown in SC or the US, respectively. An end-product is the item identified for acquisition in this solicitation, including all component parts in final form and ready for the use intended. The terms "made," "manufactured," and "grown" are defined by Section 11-35-1524(B). By signing your offer and checking the appropriate space(s) provided and identified on the bid schedule, offeror certifies that the end-product(s) is either made, manufactured or grown in South Carolina, or other states of the United States, as applicable. Preference will be applied as required by law.	IF THIS PREFERENCE APPLIES TO THIS PROCUREMENT, PART VII (BIDDING SCHEDULE) WILL INCLUDE A PLACE TO CLAIM THE PREFERENCE. OFFERORS REQUESTING THIS PREFERENCE MUST CHECK THE APPROPRIATE SPACES ON THE BIDDING SCHEDULE.
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Amendment # 1

AMENDMENTS TO SOLICITATION (JAN 2004): (a) The Solicitation may be amended at any time prior to opening. All actual and prospective Offerors should monitor the following web site for the issuance of Amendments: www.procurement.sc.gov. (b) Offerors shall acknowledge receipt of any amendment to this solicitation (1) by signing and returning the amendment, (2) by identifying the amendment number and date in the space provided for this purpose on Page two, (3) by letter, or (4) by submitting a bid that indicates in some way that the bidder received the amendment. (c) If this solicitation is amended, then all terms and conditions which are not modified remain unchanged.

New Bid Opening Date

The bid opening date has been moved to 10:30 AM, Tuesday, May 5, 2009.

Responses To Written Questions

Rick Dice, Penner Patient Care

Can you explain "SC End Product yes or no" and "US End Product yes or no"?

Response: Please refer to page two of the solicitation document regarding these preferences. Section 11-35-1524 of the Consolidated Procurement Code may also be referenced at the following web address:
<http://www.scstatehouse.gov/code/t11c035.htm>

Page 10 Lot B

Will one lift trolley go with one height adjustable tub? If so, will the third lift trolley be for an existing tub? What brand and model # is the existing tub?

Response: Yes, one of the three Tub Stretchers / Lift Trolleys is to be used with an existing Invacare Model IH 6300 height adjustable tub. Please note the addition of a Lot E below to address the Tub Stretcher / Lift Trolley to be used with the existing tub. The remaining two Tub Stretchers / Lift Trolleys in Lot B are to be matched with the height adjustable tubs offered within the same lot.

Modifications to Original Solicitation

Please note that unless expressly noted, no items have been removed from the solicitation.

Modification # 1

Section III: Scope of Work / Specifications has been amended to include the following statement:

Unless otherwise agreed to prior to award, all items must be delivered no later than June 30, 2009.

Modification # 2

Section III: Scope of Work / Specifications, Lot B: Bath Equipment (page 10 of the solicitation) has been amended as follows:

Delivery

- 1 Height Adjustable Tub will be delivered to Sycamore Dorm
- 1 Height Adjustable Tub will be delivered to Mesquite Dorm
- 2** Tub Stretchers / Lift Trolleys will be delivered to Juniper Dorm

Modification # 3

Section III: Scope of Work / Specifications, Lot C: Patient Lift Equipment (page 10 of the solicitation) has been amended to read as follows:

Patient Lifts – Molift Partner 205 Patient Lifter

451 lb. (205 kg.) capacity

Each must include the following accessories or their equivalent:

Medium sling with headrest – Molift Easy Lift (Model 3026200)

Large sling with headrest – Molift Easy Lift (Model 3026300)

Battery – Molift 26.4 V NiCd, 1.9 Ah, 20 A, ATO Fuse

Battery Charger – Type 2215 MV, 10-22 cells NiCd/NiMH

Minimum lift height of 47 inches

Must utilize a 4-point sling suspension system

Modification # 4

Section III: Scope of Work / Specifications has been amended to add the following lot:

LOT E: TUB STRETCHER / LIFT TROLLEY FOR EXISTING TUB

Tub Stretcher / Lift Trolley – Invacare (IH 1200)

Must include a manufacturer installed digital read-out scale equivalent to the

Invacare (IH 1100)

This item must be designed to operate with an existing Invacare Model IH 6300 height adjustable tub that is currently on-site.

Delivery

All items to Juniper Dorm

Modification #5

Section VIII. Bidding Schedule / Cost Proposal has been amended. Offerors must use the revised Bidding Schedule beginning of Page 5 of this amendment when submitting their bids:

VIII. BIDDING SCHEDULE / PRICE-BUSINESS PROPOSAL (Amendment One)

Unless otherwise noted, the price of each item must be inclusive of any additional charges, such as shipping

LOT A: Shower Equipment

Agency Req.:					
Item	Commodity	Quantity	Unit Of Measure	Unit Price	Price
1	Shower Trolleys	4	Each	\$	\$
Description: The item offered must be an equivalent product to that defined in Section III, Lot A. Your unit price must be inclusive of all associated costs including delivery.					

SC END PRODUCT ____YES ____NO US END PRODUCT ____YES ____NO

SHOWER TROLLEYS: MAKE: _____

MODEL: _____

MANUFACTURER'S STANDARD WARRANTY:

PARTS: _____

LABOR: _____

ESTIMATED DELIVERY TIME (In Weeks): _____

Agency Req.:					
Item	Commodity	Quantity	Unit Of Measure	Unit Price	Price
2	Shower Panels	4	Each	\$	\$
Description: The item offered must be an equivalent product to that defined in Section III, Lot A. Your unit price must be inclusive of all associated costs including delivery.					

SC END PRODUCT ____YES ____NO US END PRODUCT ____YES ____NO

SHOWER PANELS: MAKE: _____

MODEL: _____

MANUFACTURER'S STANDARD WARRANTY:

PARTS: _____

LABOR: _____

ESTIMATED DELIVERY TIME (In Weeks): _____

COST OF DELIVERY (Items 1 & 2): \$ _____
(Note that this cost is to be included in the price for this item)

TOTAL PRICE FOR LOT A: \$ _____
(Sum of the Price of Items 1 and 2)

LOT B: Bath Equipment

Agency Req.:					
Item	Commodity	Quantity	Unit Of Measure	Unit Price	Price
3	Height Adjustable Tubs	2	Each	\$	\$
Description: The item offered must be an equivalent product to that defined in Section III, Lot B. Your unit price must be inclusive of all associated costs including delivery.					

SC END PRODUCT ____YES ____NO US END PRODUCT ____YES ____NO

HEIGHT ADJUSTABLE TUBS: MAKE: _____

MODEL: _____

MANUFACTURER'S STANDARD WARRANTY:

PARTS: _____

LABOR: _____

ESTIMATED DELIVERY TIME (In Weeks): _____

Agency Req.:					
Item	Commodity	Quantity	Unit Of Measure	Unit Price	Price
4	Tub Stretchers / Lift Trolleys	2	Each	\$	\$
Description: The item offered must be an equivalent product to that defined in Section III, Lot B. Your unit price must be inclusive of all associated costs including delivery.					

SC END PRODUCT ____YES ____NO US END PRODUCT ____YES ____NO

MANUFACTURER'S STANDARD WARRANTY:

TUB STRETCHERS / LIFT TROLLEYS: MAKE: _____

MODEL: _____

DIGITAL READ-OUT SCALES: MAKE: _____

MODEL: _____

ESTIMATED DELIVERY TIME (In Weeks): _____

COST OF DELIVERY (Items 3 & 4): \$ _____

(Note that this cost is to be included in the price for each item)

TOTAL PRICE FOR LOT B: \$ _____

(Sum of the Price of Items 3 and 4)

LOT C: Patient Lift Equipment

Agency Req.:					
Item	Commodity	Quantity	Unit Of Measure	Unit Price	Price
5	Patient Lift	8	Each	\$	\$
Description: The item offered must be an equivalent product to that defined in Section III, Lot C. Your unit price must be inclusive of all associated costs including delivery.					

SC END PRODUCT ____YES ____NO US END PRODUCT ____YES ____NO

MANUFACTURER'S STANDARD WARRANTY:

PARTS: _____

LABOR: _____

PATIENT LIFTS: MAKE: _____

MODEL: _____

MEDIUM SLING & HEADRESTS: MAKE: _____

MODEL: _____

LARGE SLING & HEADRESTS: MAKE: _____

MODEL: _____

BATTERIES: MAKE: _____

MODEL: _____

BATTERY CHARGERS: MAKE: _____

MODEL: _____

ESTIMATED DELIVERY TIME (In Weeks): _____

COST OF DELIVERY (Item 5): \$ _____

(Note that this cost is to be included in the price for this item)

TOTAL PRICE FOR LOT C EQUALS THE PRICE OF ITEM 5

LOT D: Wheelchair Equipment

Agency Req.:					
Item	Commodity	Quantity	Unit Of Measure	Unit Price	Price
6	Wheelchair Scales & Accessories	2	Each	\$	\$
Description: The item offered must be an equivalent product to that defined in Section III, Lot D. Your unit price must be inclusive of all associated costs including delivery.					

SC END PRODUCT ____YES ____NO US END PRODUCT ____YES ____NO

MANUFACTURER'S STANDARD WARRANTY:

PARTS: _____

LABOR: _____

WHEELCHAIR SCALES: MAKE: _____

MODEL: _____

WHEELCHAIR RAMPS: MAKE: _____

MODEL: _____

DIGITAL WEIGHT INDICATORS: MAKE: _____

MODEL: _____

AC ADAPTERS: MAKE: _____

MODEL: _____

ESTIMATED DELIVERY TIME (In Weeks): _____

COST OF DELIVERY (Item 6): \$ _____
(Note that this cost is to be included in the price for this item)

TOTAL PRICE FOR LOT D EQUALS THE PRICE OF ITEM 6

LOT E: Tube Stretcher / Lift Trolley for Existing Tub

Agency Req.:					
Item	Commodity	Quantity	Unit Of Measure	Unit Price	Price
7	Tub Stretchers / Lift Trolleys	1	Each	\$	\$
Description: The item offered must be an equivalent product to that defined in Section III Lot E. Your unit price must be inclusive of all associated costs including delivery.					

SC END PRODUCT ____YES ____NO US END PRODUCT ____YES ____NO

MANUFACTURER'S STANDARD WARRANTY:

TUB STRETCHER / LIFT TROLLEY: MAKE: _____

MODEL: _____

DIGITAL READ-OUT SCALE: MAKE: _____

MODEL: _____

ESTIMATED DELIVERY TIME (In Weeks): _____

COST OF DELIVERY (Item 7): \$ _____
(Note that this cost is to be included in the price for each item)

TOTAL PRICE FOR LOT E EQUALS THE PRICE OF ITEM 7